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PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 47728(71699)	
Application Number 09/187,669-Conf. #3339		Filed November 5, 1998	
For SOMATIC TRANSFER OF MODIFIED GENES TO PREDICT DRUG EFFECTS			
Art Unit 1036	Examiner Dr. G. Leffers, Jr.		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1)) \$120	Small Entity Fee \$60	\$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2)) \$450	Small Entity Fee \$225	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3)) \$1020	Small Entity Fee \$510	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4)) \$1590	Small Entity Fee \$705	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5)) \$2160	Small Entity Fee \$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ 50,373  <u>Stephana E. Palton, Ph.D.</u> _____ Date <u>August 8, 2005</u> Typed or printed name _____ Telephone Number <u>(617)439-4444</u>			
<small>NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

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